

STATE OF DELAWARE
OFFICE OF THE STATE BANK COMMISSIONER
555 EAST LOOCKERMAN STREET, SUITE 210
DOVER, DELAWARE 19901

RENEWAL APPLICATION
FOR LICENSE UNDER CHAPTER 23
SALE OF CHECKS, AND TRANSMISSION OF MONEY

1. Name of Applicant: _____
E.I. or S.S. No.: _____

2. Contact person, title, phone number for application:

Name/Title	Telephone Number/Extension	Fax No.	Email Address
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3. Address of principal office where Delaware business is conducted: **The renewal application cannot be used to notify this office of address changes or to apply for a new location.** Please contact this office for instructions on the proper procedure for address changes/applying for new offices.

No. & Street	City	State	Zip Code
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Additional licensed locations being renewed (not agents): **(Must be consistent with address on existing license.)**

No. & Street	City	State	Zip Code
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No. & Street	City	State	Zip Code
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4. Applicant business is formed as a: ___Corporation ___Partnership ___Sole Proprietorship ___LLC
___Other (name type)_____ State: _____

5. All applicants must provide information regarding their registered agent for service of process in Delaware.

(a) Businesses organized in Delaware may designate the business itself, an individual resident in this State or another business authorized to transact business in this State provided the designee is located in Delaware in accordance with Section 132(a), Title 8 of the Delaware Code.

(b) Businesses organized in locations other than Delaware may designate an individual resident in this State or another business authorized to transact business in this State provided the designee is located in Delaware in accordance with Section 371(b)(2), Title 8 of the Delaware Code.

Name, Street Address, and Telephone Number of Registered Agent:

- (c) Provide proof that the licensee is appropriately registered with the federal government as a money service business. All potential MSBs need to provide proof of registration or a written explanation of why they don't have to register.
6. Please provide an updated list of Principals (officers, directors, partners, members, owner, senior management, etc.) of the business including full name, title, residential address, business address, date of birth , and if director, date term expires, with this renewal application.
7. Please provide an updated list of all individuals and businesses with an ownership interest in the licensee, including full name, residential address, business address, and number of shares held or percentage of ownership with this renewal application. If licensee is a subsidiary of a parent company, provide the entire ownership chain up to the ultimate owner (individual or publicly traded company).
8. (a) Personal resumes and personal financial statements for all **new** principals of the business must be submitted with this renewal application. Personal resumes should include a detailed work history. Personal financial statements must be in the form of a balanced asset/liability statement. **Tax forms, credit bureau histories, and statements of net worth will not be accepted.**
- (b) Please provide an updated list of managers of all locations to be licensed (not agents). All location managers' resumes must be submitted with this application. Personal resumes should include a detailed work history.
9. A recent asset/liability statement (balance sheet - **must reflect adequate capital**) and income statement (profit/loss sheet) for the applicant company must be submitted with this renewal application. **PLEASE NOTE:** Owners of sole proprietorships must also provide a detailed personal financial statement.
10. Have you or any owner, officer, director, partner, member, employee, or agent of your organization ever been arrested, indicted or convicted of criminal offense **since the last time this information was disclosed? Include past incidents that have only recently come to your attention, such as information about new employees.** Yes_____No_____
11. Have you or any owner, director, partner, member, employee, or agent of your organization ever used any alias or been known by any other name (other than "maiden/married")? Yes_____No_____
12. Has the applicant company or any owner, officer, director, partner, member, employee, or agent any of your organization ever had any license (other than driver's license) suspended, revoked, or denied or has any regulator imposed a fine or taken other type of disciplinary action **since the last time this information was disclosed as part of an application process?** Yes_____No_____
13. If the answer to questions 10, 11, or 12 is "yes", please attach a separate page giving details. If the answer to 10 **and/or** 12 is "yes", please provide photocopies of all legal and/or regulatory documents that pertain to the matter (i.e., Consent Agreement, Cease and Desist Order, Revocation Order, Reinstatement Order, Court documents, etc.)
14. Please provide a detailed business plan.
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15. Please attach the name and address of each designated agent authorized to conduct business for the licensee.

16. **SURETY BOND AND/OR LETTER OF CREDIT**

Please indicate which of the following applies:

- _____ a) Attached is a copy of our continuous surety bond.
_____ b) Attached is an original continuation certificate extending the validity of our surety bond through and including December 31, 2012 (or later).
_____ c) Attached is an original amendment to our irrevocable letter of credit extending the validity of the LOC through and including December 31, 2014 (or later).
_____ d) Attached is a copy of our irrevocable letter of credit, which is already valid through and including December 31, 2014 (or Later).
_____ e) Attached is a brand new, original surety bond valid through and including December 31, 2012 **OR** a brand new, original irrevocable Letter of Credit valid through and including December 31, 2014.

17. (a) The filing of all reports such as the Report of Delaware Sale of Checks, Drafts and Money Orders Volume must be up to date. Licensees behind on filing will not be considered for a 2012 license until the missing reports are received by this office.

(b) Please note all outstanding invoices must be paid before a renewal application will be considered for approval.

(c) If you have been examined by this office and received a report listing violations, please note that you must respond to this office and clear the violations before a renewal application will be considered for approval.

18.

- This application must be accompanied by a license fee of \$230.00 per location to be licensed (not agents) plus \$4.60 for each location listed in Item 15 (agents) in excess of one.
- The \$4.60 fee shall not apply to any agent which is a state bank, credit union, trust company, national bank or building/savings and loan association.
- Make checks payable to *State of Delaware* and reference it to "Renewal Fee".
- **Applications received on or before the December 1, 2011 deadline, but without all required fees, will be considered late and treated accordingly.**
- Please provide the following information:

(a)	Number of agents qualifying for fee	_____
		x \$4.60
	= Total agent fee	_____
(b)	Number of Licensed locations	_____
		x \$230.00
	= Total fee for licensed locations	_____
	(a) + (b) = Total check enclosed	_____

19. Address where records will be kept for examination purposes:

20. Address where actual examination will be conducted:

I hereby certify that I am authorized to sign and submit this application for licensure on behalf of the applicant company, in my role as principal of said company, and that the information contained herein is true and correct to the best of my knowledge and belief.

Full Corporate Name

Corporate Seal

*___ Check here if you do not have a corporate seal.

***If company has had a seal in the past and no longer has one, please attach an explanation.**

Signed:_____
Principal

Sworn to and subscribed before me this _____ day of _____ 2____.

Signature of Notary Public

My Commission expires on _____.

NOTARY SEAL

SALE OF CHECKS AND TRANSMISSION OF MONEY

Name of Licensee: _____

EMPLOYER IDENTIFICATION NUMBER: _____

A contact and all requested information must be provided for each of the following categories:

Supervisory Assessment _____

Name and Title

Telephone # Extension #

Email Address

Fax #

Mailing Address

License Renewal

Name and Title

Telephone # Extension #

Email Address

Fax #

Mailing Address

Examination

Name and Title

Telephone # Extension #

Email Address

Fax #

Mailing Address

Complaints

Name and Title

Telephone # Extension #

Email Address

Fax #

Mailing Address

Public Contact

Name and Title

Telephone # Extension #

Email Address

Fax #

Mailing Address

Changes in the above contacts must be reported to our office immediately.

BUSINESS SURVEY

Licensee: _____

Please indicate the types of business in which your company engages under your Delaware Sale of Checks/Transmission of Money license: (check all that apply and return with your completed renewal application)

_____ Money Transmission

_____ Money Orders

_____ Travelers Checks

_____ Stored Value Cards

_____ Accelerated Payment Products

Contact Name, Phone Number and Date